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Image# 201610109032228578

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Autr	ionzeu Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
The People's Sheriff			
ADDRESS (number and street)	5822 Crighton Drive		
▼ Check if different			
than previously reported. (ACC)	Dublin		OH 43016
2. FEC IDENTIFICATION N	JMBER ▼ CIT	Y A	STATE ▲ ZIP CODE ▲
C C00576371		THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report (0	01)	20 (M4) Jul 20 (M7	
July 15 Quarterly Report (C	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (C	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	/E) Election	n on	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	n on	in the State of
5. Covering Period 04		through 06	M / D D / Y Y Y Y Y Y Y X Y X Y X Y X Y X Y X Y
I certify that I have examined th		my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	Phillips, Robert, , ,		
Signature of Treasurer Phill	ips, Robert, , ,	[Electronically Filed]	Date 10 / 10 / 2016
NOTE: Submission of false, erron	eous, or incomplete information	may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name The People's Sheriff 01 2016 06 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 17232.88 January 1, 2016 (b) Cash on Hand at 5715.84 Beginning of Reporting Period..... 5712.00 12737.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 29969.88 11427.84 6(a) and 6(c) for Column B)..... 1200.20 19742.24 Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 10227.64 10227.64 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 47172.02 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)
Page 3

Write or Type Committee Name

The	Peop	le's	Sheriff

Report Covering the Period: From:	01 / 2016 To	o: 06 / 30 / 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	1350.00	1350.00
(i) Normzod (dos concedio / y	4 4	
(ii) Unitemized	4362.00	11387.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	5712.00	12737.00
	1 1 1 1 1 1 1 1 1	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	4	47-1-1-47-1-47-1-1-47-1-1-47-1-1-47-1-1-47-1-1-47-1-1-47-1-1-47-1-1-47-1-1-47-1-1-47-1-1-47-1-1-47-1-1-47-1-1-47-1-1-47-1-1-47-1-1-47-1-1-47-1-
11(a)(iii), (b), and (c)) (Carry	5712.00	12737.00
Totals to Line 33, page 5)▶ 2. Transfers From Affiliated/Other	3712.00	12/3/.00
Party Committees	0.00	0.00
-	222	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	200	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(Horri Corlodato Flo)		0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Levill I ulius (IIOIII Schedule 113)	4	4 4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
D. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	5712.00	12737.00
). Total Federal Receipts (subtract Line 18(c) from Line 19)	5712.00	12737.00
(subtract Line 18(c) from Line 19)▶	37 12.00	12/3/.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calonida Tour to Date
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	1200.20	14867.24
(c) Total Operating Expenditures		1 1 1 1 1 1 1 1 1
(add 21(a)(i), (a)(ii), and (b))▶	1200.20	14867.24
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	200	0.00
and Other Political Committees	0.00	0.00
(use Schedule E)	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Lean Danaymante Mada	200	4 4 4
. Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	4875.00
(b) Political Powty Committees	4 1 4	200
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	4975.00
(444 211100 20(4), (2), 4114 (0),	0.00	4875.00
. Other Disbursements (Including Non-Federal Donations)	0.00	0.00
	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2	20))	
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	3100	4 4 4
Entirely With Federal Funds(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1200.20	19742.24
. Total Federal Disbursements	7 7 7	4 4
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	1200.20	19742.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 5712.00 12737.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 4875.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 5712.00 7862.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 1200.20 14867.24 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 1200.20 14867.24 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X)

Use separate schedule(s) for each category of the Detailed Summary Page

F	FOR LINE NUMBER:				PAGE	6	OF	16	
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16	;	17

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) The People's Sheriff Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lilla, Lewis, , , Date of Receipt Mailing Address 320 Carleton Avenue 2016 13 City Zip Code State Transaction ID: SA11AI.11604 NY Central Isilp 11722 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Detective Bail Guard, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sennett, Dave, , , Date of Receipt Mailing Address 4841 woodland 16 2016 City State Zip Code Transaction ID: SA11AI.11631 Western Springs 60558 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vp Systems Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Williams, John, , , Date of Receipt Mailing Address PO Box 1120 13 2016 City Zip Code State Transaction ID: SA11AI.11608 CA Somis 93066 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Williams Pipeline Pipeline Construction Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1350.00 SUBTOTAL of Receipts This Page (optional)..... 1350.00

TOTAL This Period (last page this line number only).....

S 17

SCHEDULE B (FEC Form 3X)			TOTT EINE NOMBER.						16
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		only one	· ·				
		Summary Page		21b 28a				27 30b	
Any information copied from such Reports and State	ments may	not be sold or use							ne
or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full)									
The People's Sheriff									
Full Name (Last, First, Middle Initial))-+f	Diahuwa			
A. CardConnect					Date of	Disburse		YYYY	-
Mailing Address 1000 Continental Drive Suite 600					04	0	4	2016	
,	State	Zip Code		F	EC Ide	entificatio	n Number		
King of Prussia Purpose of Disbursement	PA	19406		— г					
Credit Card Processing Fees					C				
Candidate Name			Category				ID: SB21	I B.11664 ment this Pe	riod
			Type	" '	unount	or Edon	Biobaroci	HOTE THO I O	1100
Office Sought: House Disburse	ment For:					75	1 75	50.03	
Senate	Primary	General				·			
State: District:	Other (spe	ecity) 🔻			Mer	no Item			
Full Name (Last, First, Middle Initial)									
B. CardConnect					Date of	Disburse	ement		_
Mailing Address 1000 Continental Drive Suite 600					04		9	2016	
City King of Prussia	State PA	Zip Code 19406		F	EC Ide	entificatio	n Number		
Purpose of Disbursement	17	19400		_ [C				
Credit Card Processing Fees						eaction	ID : SB21	D 11665	
Candidate Name			Category	// A			_	ment this Pe	riod
Office Country House			Type	— г				50.00	П
Office Sought: House Disburse Senate	ment For: Primary	General				7		50.00	_
President	Other (spe				٦				
State: District:				L	Mer	no Item			
Full Name (Last, First, Middle Initial)									
C. CardConnect						Disburse			
Mailing Address 1000 Continental Drive Suite 600					05	0	3 / Y	2016	
	State	Zip Code			FC Ide	entificatio	n Number		
King of Prussia	PA	19406				itilloatio	Trumber		
Purpose of Disbursement Credit Card Processing Fees						nsaction	ID : SB21	IB.1166€	
Candidate Name			Category Type	// A	Amount	of Each	Disburser	ment this Pe	riod
Office Sought: House Disbursement For:								25.48	
Senate Primary General							- 4		
President	П	Mer	no Item						
State: District:									
SUBTOTAL of Disbursements This Page (optional)				. [1.7	125.51	
TOTAL This Period (last page this line number only	`			_ [可

S 17

Tempose of Disbursement State Disport Service Dispursement Dispursement	SCHEDULE B (FEC Form 3X)			TOTT LINE NOWIDETT.						F 16
Detailed Summary Page	ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the							07
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) The People's Sheriff Full Name (Last, First, Middle Initial) A. CardConnect Mailing Address 1000 Continental Drive Suite 600 City Senate President Senate President State: District: Full Name (Last, First, Middle Initial) B. CardConnect Mailing Address 1000 Continental Drive State Senate President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Senate President State: Disbursement State: Disbursement Category/ Type Disbursement Date of Disbursement Category/ Amount of Each Disbursement this Period Transaction ID: SB218.11667 Amount of Each Disbursement Date of Disbursement Category/ Amount of Each Disbursement this Period Memo Item Date of Disbursement Category/ Type Disbursement Date of Disbursement Category/ Type Disbursement Date of Disbursement this Period Transaction ID: SB218.11668 Transaction ID: SB218.11667 Category/ Type Date of Disbursement Date of Disb										
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Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: House Disbursement For: Senate Primary General President Other (specify) Memo Item Purpose of Disbursement Category/ Type 49.69 Memo Item Date of Disbursement City Dublin OH 43016 Purpose of Disbursement Accounting and Compliance Transaction ID: SB21B.11668 Amount of Each Disbursement this Period Memo Item Date of Disbursement FEC Identification Number CITransaction ID: SB21B.11946	•				FE	C Ide	ntification	n Number		
Credit Card Processing Fees Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Henry Alan, LLC Mailing Address 5822 Crighton Drive City Dublin Purpose of Disbursement Accounting and Compliance Transaction ID: SB21B.11668 Amount of Each Disbursement this Period Memo Item Date of Disbursement Memo Item FEC Identification Number C. Transaction ID: SB21B.11946	· ·	PA	19406					-		
Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Henry Alan, LLC Mailing Address 5822 Crighton Drive City Dublin Purpose of Disbursement Accounting and Compliance Amount of Each Disbursement this Period 49.69 Memo Item Date of Disbursement Memo Item FEC Identification Number CTransaction ID: SB21B.11946								ID ODG	ID 44000	
Office Sought: House Senate Primary General Other (specify) State: District: Memo Item Full Name (Last, First, Middle Initial) C. Henry Alan, LLC Mailing Address 5822 Crighton Drive City Dublin OH 43016 Purpose of Disbursement Accounting and Compliance Type 49.69 Memo Item Date of Disbursement FEC Identification Number C Transaction ID: SB21B.11946	Candidate Name			Category	/ Ar			_		eriod
Senate Primary General Other (specify) Memo Item State: District: Memo Item Primary Other (specify) Memo Item Date of Disbursement Memo Item Date of Disbursement Memo Item Date of Disbursement Date of Disbursement Accounting and Compliance Primary General Other (specify) Memo Item Memo Item Date of Disbursement Date of Disbursement Accounting and Compliance FEC Identification Number C Transaction ID: SB21B.11946									40.00	
President Other (specify) Memo Item Full Name (Last, First, Middle Initial) C. Henry Alan, LLC Mailing Address 5822 Crighton Drive City Dublin Purpose of Disbursement Accounting and Compliance President Other (specify) Memo Item Date of Disbursement Accounting Address 5822 Crighton Drive FEC Identification Number C Transaction ID: SB21B.11946		1	Ganaral						49.69	
State: District: Full Name (Last, First, Middle Initial) C. Henry Alan, LLC Mailing Address 5822 Crighton Drive City Dublin Purpose of Disbursement Accounting and Compliance Date of Disbursement Zip Code OH 43016 FEC Identification Number C Transaction ID: SB21B.11946		,								
City Dublin Purpose of Disbursement Accounting and Compliance Date of Disbursement Zip Code OH 43016 FEC Identification Number C Transaction ID: SB21B.11946] (-)-	·· ,			Men	no Item			
Mailing Address 5822 Crighton Drive City Dublin Purpose of Disbursement Accounting and Compliance State OH Zip Code OH 43016 FEC Identification Number C Transaction ID: SB21B.11946	• • • • • • • • • • • • • • • • • • • •									
Mailing Address 5822 Crighton Drive City Dublin Purpose of Disbursement Accounting and Compliance State OH Zip Code OH 43016 FEC Identification Number C Transaction ID: SB21B.11946	C. Henry Alan, LLC				Da	ate of				
Dublin OH 43016 Purpose of Disbursement Accounting and Compliance Transaction ID : SB21B.11946	Mailing Address 5822 Crighton Drive				T L	06				_
Dublin OH 43016 Purpose of Disbursement Accounting and Compliance Transaction ID: SB21B.11946	City	State	Zip Code		F	C Ide	ntification	n Number		
Accounting and Compliance Transaction ID: SB21B.11946		ОН	43016			-	itillication	Tramber		
Condidate Name	Accounting and Compliance						saction	ID : SB2	1B.11946	
Candidate Name Category/ Amount of Each Disbursement this Period Type	Candidate Name				/ Ar	nount	of Each	Disburse	ment this Pe	eriod
Office Sought: House Disbursement For: 1000.00									1000.00	
Senate Primary General	Senate Primary General						7			
President Other (specify) ▼ Memo Item			Men	no Item						
State: District:	State: District:					1				
SUBTOTAL of Disbursements This Page (optional)	SUBTOTAL of Disbursements This Page (optional).								1074.69	9
TOTAL This Period (last page this line number only)	TOTAL This Posts I if a second	Δ.			- F				1200.20	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 9 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) The People's Sheriff						
A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose): Digital Services					
Axiom Strategies, LLC	Axiom Strategies, LLC					
Mailing Address 1251 NW Briarcliff Pkwy #85						
City	State	Zip Code				
Kansas City	MO	64116				
Outstanding Balance Beginning This Period			Transaction ID : SD10.11435			
4711.69						
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period			
0.00		0.00	4711.69			
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):			
Axiom Strategies, LLC			Fundraising Commission			
Mailing Address 1251 NW Briarcliff Pkwy						
#85 City	State	Zip Code	_			
Kansas City	MO	64116				
Outstanding Balance Beginning This Period			Transaction ID : SD10.11436			
503.13			1741104011011110			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period			
0.00	7	0.00	503.13			
C. Full Name (Last, First, Middle Initial) of Debtor Axiom Strategies, LLC	or Creditor		Nature of Debt (Purpose): Digital Services			
Mailing Address 1251 NW Briarcliff Pkwy #85						
City Kansas City	State MO	Zip Code 64116				
Outstanding Balance Beginning This Period		•	Transaction ID : SD10.11438			
2650.00						
7 7	Do	umant This Davied	Outstanding Polones at Class of This Paviad			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period			
0.00	7	0.00	2650.00			
1) SUBTOTALS This Period This Page (optional)		>	7864.82			
2) TOTALS This Period (last page this line number of						
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)						
4) ADD 2) and 3) and carry forward to appropriate li						

Excluding Loans

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16

10 OF

NAME OF COMMITTEE (In Full) The People's Sheriff A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Fundraising Commission** Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Pkwy #85 City State Zip Code Kansas City MO 64116 Transaction ID: SD10.11439 Outstanding Balance Beginning This Period 173.18 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 173.18 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Digital Services** Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Pkwy #85 City State Zip Code Kansas City 64116 MO Outstanding Balance Beginning This Period Transaction ID: SD10.11441 2650.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2650.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Fundraising Commission** Axiom Strategies, LLC Mailing Address 1251 NW Briarcliff Pkwy City State Zip Code Kansas City MO 64116 Outstanding Balance Beginning This Period Transaction ID: SD10.11442 144.45 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 144.45 2967.63 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 11 OF
FOR LINE NUMBER:

FOR LINE NUMBER: (check only one) 9

NAME OF COMMITTEE (In Full) The People's Sheriff						
A. Full Name (Last, First, Middle Initial) of Debtor Axiom Strategies, LLC	Nature of Debt (Purpose): Media Monitoring					
Mailing Address 1251 NW Briarcliff Pkwy #85						
City Kansas City	State MO	Zip Code 64116				
Outstanding Balance Beginning This Period			Transaction ID : SD10.11964			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period			
200.00	7	0.00	200.00			
B. Full Name (Last, First, Middle Initial) of Debtor of Axiom Strategies, LLC	or Creditor		Nature of Debt (Purpose): Digital			
Mailing Address 1251 NW Briarcliff Pkwy #85 City	State	Zip Code				
Kansas City	MO	64116				
Outstanding Balance Beginning This Period 0.00			Transaction ID : SD10.11965			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period			
2809.68		0.00	2809.68			
C. Full Name (Last, First, Middle Initial) of Debtor Axiom Strategies, LLC	or Creditor		Nature of Debt (Purpose): Media Monitoring			
Mailing Address 1251 NW Briarcliff Pkwy #85						
City Kansas City	State MO	Zip Code 64116				
Outstanding Balance Beginning This Period 0.00			Transaction ID : SD10.11966			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period			
200.00	<u> </u>	0.00	200.00			
1) SUBTOTALS This Period This Page (optional)		>	3209.68			
2) TOTALS This Period (last page this line number of	only)	>				
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)				
I) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶						

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12 OF
FOR LINE NUMBER:

FOR LINE NUMBER: (check only one) 9

NAME OF COMMITTEE (In Full) The People's Sheriff		,	
A. Full Name (Last, First, Middle Initial) of Debtor Axiom Strategies, LLC	Nature of Debt (Purpose): Fundraising Commission		
Mailing Address 1251 NW Briarcliff Pkwy #85			
City Kansas City	State MO	Zip Code 64116	
Outstanding Balance Beginning This Period			Transaction ID : SD10.11967
0.00			
Amount Incurred This Period 79.84	Pay	yment This Period 0.00	Outstanding Balance at Close of This Period 79.84
	7	0.00	7 7
B. Full Name (Last, First, Middle Initial) of Debtor Axiom Strategies, LLC	or Creditor		Nature of Debt (Purpose): Digital
Mailing Address 1251 NW Briarcliff Pkwy #85			
City Kansas City	State MO	Zip Code 64116	
Outstanding Balance Beginning This Period 0.00			Transaction ID : SD10.11969
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
2731.30		0.00	2731.30
C. Full Name (Last, First, Middle Initial) of Debtor Axiom Strategies, LLC	or Creditor		Nature of Debt (Purpose): Media Monitoring
Mailing Address 1251 NW Briarcliff Pkwy #85			
City Kansas City	State MO	Zip Code 64116	
Outstanding Balance Beginning This Period 0.00			Transaction ID : SD10.11970
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
200.00	<u> </u>	0.00	200.00
1) SUBTOTALS This Period This Page (optional)			3011.14
2) TOTALS This Period (last page this line number	only))	
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page o	nly)	
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summa	ary Page (last page only)	

Excluding Loans

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			, j l l l l l l l l l l l l l l l l l l			
NAME OF COMMITTEE (In Full) The People's Sheriff						
A. Full Name (Last, First, Middle Initial) of Debt	or or Craditor		Nature of Debt (Purpose):			
Axiom Strategies, LLC	Fundraising Commission					
Mailing Address 1251 NW Briarcliff Pkwy #85	,					
City	State	Zip Code	 			
Kansas City	МО	64116				
Outstanding Balance Beginning This Period			Transaction ID : SD10.11971			
0.00						
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period			
157.18	-	0.00	157.18			
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose):			
Axiom Strategies, LLC			Digital Services			
Mailing Address 1251 NW Briarcliff Pkwy #85						
City	State	Zip Code				
Kansas City	MO	64116				
Outstanding Balance Beginning This Period 0.00			Transaction ID : SD10.11673			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period			
2650.00		0.00	2650.00			
C. Full Name (Last, First, Middle Initial) of Debt Axiom Strategies, LLC	or or Creditor		Nature of Debt (Purpose): Fundraising Commission			
Mailing Address 1251 NW Briarcliff Pkwy						
#85 City	State	Zip Code				
Kansas City	МО	64116				
Outstanding Balance Beginning This Period 0.00			Transaction ID: SD10.11674			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period			
156.23		0.00	156.23			
100:20	7	0.00	4 4			
1) SUBTOTALS This Period This Page (optional)			2963.41			
2) TOTALS This Period (last page this line numbe	r only)		<u> </u>			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	only)	>			
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page only)	<u> </u>			

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 14 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) The People's Sheriff						
A. Full Name (Last, First, Middle Initial) of Debtor of Candidate Command	Nature of Debt (Purpose): Email Campaign					
Mailing Address 1420 NW Vivion Road Suite 113	1.20					
City Kansas City	State MO	Zip Code 64118				
Outstanding Balance Beginning This Period			Transaction ID : SD10.11431			
18453.68	18453.68					
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period			
0.00	4	0.00	18453.68			
B. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor		Nature of Debt (Purpose):			
Candidate Command			Digital Services			
Mailing Address 1420 NW Vivion Road						
Suite 113	State	Zip Code				
Kansas City	МО	64118				
Outstanding Balance Beginning This Period			Transaction ID : SD10.11433			
5201.66						
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period			
0.00	7	0.00	5201.66			
C. Full Name (Last, First, Middle Initial) of Debtor of Henry Alan, LLC	Nature of Debt (Purpose): Compliance and Accounting					
Mailing Address 5822 Crighton Drive						
City Dublin	State OH	Zip Code 43016				
Outstanding Balance Beginning This Period			Transaction ID : SD10.11437			
1250.00						
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period			
0.00	7	1000.00	250.00			
1) SUBTOTALS This Period This Page (optional)		>	23905.34			
2) TOTALS This Period (last page this line number of	7 7 7					
3) TOTAL OUTSTANDING LOANS from Schedule C	7 7 7					
) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶						

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 15 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) The People's Sheriff							
A. Full Name (Last, First, Middle Initial) of Debte	Nature of Debt (Purpose):						
Henry Alan, LLC	Compliance and Accounting						
Mailing Address 5822 Crighton Drive	Mailing Address 5822 Crighton Drive						
_							
City Dublin	State OH	Zip Code 43016					
Outstanding Balance Beginning This Period		10010	Transaction ID : SD10.11440				
1250.00							
4 4	D	manual This Deviced	Outstanding Palegrand Olass of This Paried				
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period				
0.00		0.00	1250.00				
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose):				
Henry Alan, LLC			Accounting and Compliance				
Mailing Address 5822 Crighton Drive							
5022 Original Briva							
City Dublin	State OH	Zip Code 43016					
		43010					
Outstanding Balance Beginning This Period			Transaction ID : SD10.11963				
0.00	0.00						
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period				
1000.00		0.00	1000.00				
C Full Name (Last First Middle Initial) of Debt	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor						
Henry Alan, LLC	Nature of Debt (Purpose): Accounting and Compliance						
Mailing Address 5822 Crighton Drive							
City Dublin	State OH	Zip Code 43016					
Outstanding Balance Beginning This Period		-	Transaction ID : SD10.11968				
0.00							
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period				
	1 dy						
500.00		0.00	500.00				
1) SUBTOTALS This Period This Page (optional)	2750.00						
2) TOTALS This Period (last page this line number only)							
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)							
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶							

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 16 OF 16 FOR LINE NUMBER: (check only one)

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	AME OF COMMITTEE (In Full) The People's Sheriff		·	
	A. Full Name (Last, First, Middle Initial) of Debtor of Henry Alan, LLC Mailing Address 5822 Crighton Drive	Nature of Debt (Purpose): Accounting and Compliance		
	City			
	Dublin	State OH	Zip Code 43016	
	Outstanding Balance Beginning This Period 0.00			Transaction ID : SD10.11972
	Amount Incurred This Period	Pavr	ment This Period	Outstanding Balance at Close of This Period
	500.00	T dyl	0.00	500.00
	B. Full Name (Last, First, Middle Initial) of Debtor or	r Creditor		Nature of Debt (Purpose):
	Mailing Address			
	City	State	Zip Code	
	Outstanding Balance Beginning This Period Amount Incurred This Period	7	ment This Period	Outstanding Balance at Close of This Period
	C. Full Name (Last, First, Middle Initial) of Debtor of	Nature of Debt (Purpose):		
	Mailing Address			
	City	State	Zip Code	
	Outstanding Balance Beginning This Period Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
1)	SUBTOTALS This Period This Page (optional)			500.00
2)	TOTALS This Period (last page this line number or	47172.02		
3)	TOTAL OUTSTANDING LOANS from Schedule C	0.00		
4)	ADD 2) and 3) and carry forward to appropriate lin	47172.02		